



State of Washington
VOUCHER DISTRIBUTION

Agencies: Please complete only the shaded areas of this form

Vendor (Agency) Name and Address

Agency Number
303

Location Code
GL4

Agency P.R. or Authorization Number
70.168

Agency Name and Location
Department of Health
Office of EMS & Trauma System
PO Box 47853
Olympia, WA 98504-7853

Federal ID No or Social Security No (For Reporting Personal Services Contract Payments to IRS)

Received By

Date Received

Use Space Below as Worksheet to Develop or Explain the Goods or Services Purchased. Staple Invoices on Back

For EMS Prehospital Participation Grants - Trauma Care Funding Act of 1997

For participating as a verified prehospital service Amt. \$1,200
during the period July 1, 2003 through June 30, 2004.

AGENCY NUMBER (LICENSE NUMBER): _____

*Please note that your agency license must be current in order to be eligible to receive the grant

THIS A19-2A IS THE ONLY DOCUMENTATION NEEDED FOR PAYMENT.

Prepared by –			Telephone Number			Date			Agency Approval				Date			
SIGN HERE																
Doc. Date		Pmt Due Date		Current Doc No.		Ref. Doc No.		Vendor Number		Vendor Message		Use Tax		UBI Number		
Ref Doc Suf	Trans Code	M O D	Master Index			Sub Obj	Sub Sub Obj	Org Index	Alloc	Budget Unit	MOS	Project	Sub Proj	Proj Phas	Amount	Invoice Number
			64901450			NZ	9900								\$1,200	FY04
Accounting Approval for Payment										Date		Warrant Total		Invoice Number		